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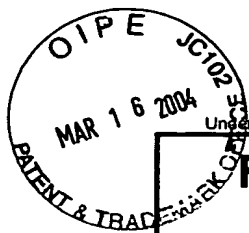
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/820099-Conf. #2545	
	Filing Date	March 27, 2001	
	First Named Inventor	Jan G.J. VAN DE WINKEL	
	Art Unit	1642	
	Examiner Name	L. R. Helms	
Total Number of Pages in This Submission	1	Attorney Docket Number	MXI-170

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP Jeanne M. DiGiorgio - 41,710
Signature	
Date	March 16, 2004

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Dated: March 16, 2004	Signature: (Jeanne M. DiGiorgio)



FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known																																																																																																																																																																																																
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<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account</div></div> <div style="margin-top: 5px;">Deposit Account Number: 12-0080</div> <div style="margin-top: 5px;">Deposit Account Name: Lahive & Cockfield, LLP</div> <div style="margin-top: 5px;">The Commissioner is hereby authorized to: (check all that apply)</div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</div></div> <div style="margin-top: 5px;">to the above-identified deposit account.</div>				3. ADDITIONAL FEES																																																																																																																																																																																														
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Name (Print/Type)		Jeanne M. DiGiorgio		Registration No. (Attorney/Agent)	41,710	Telephone	(617) 227-7400																																																																																																																																																																																											
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Dated: March 16, 2004

Signature: (Jeanne M. DiGiorgio)